

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVAL
AND
FILED

06 JAN 10 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000001504

1. Corporation Name

Nutrio.com, Inc.

2. Principal Office Address

2225 N. Commerce Parkway

Suite, Apt. #, etc.

#7

City & State

Weston, FLORIDA

Zip CO.

33326

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1999

5. FEI Number

65-0885927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen Rattner

Street Address (P.O. Box Number is Not Acceptable)

2225 N. Commerce Parkway

Suite, Apt. #, Etc.

#7

City

Weston

State

FL

Zip Code

33326

100064582011

01/26/06--01/05/06--003 **120 .75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 1/5/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO Director	Stephen Rattner	2467 Provence Circle	Weston, Florida 33327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Stephen Rattner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

954-385-4700

Daytime Phone #

X106